

RENEWAL APPLICATION FOR REGISTERED NURSE

BOARD OF REGISTERED NURSING

Mail to: State of California

Department of Consumer Affairs

P.O. Box 944210

Sacramento, CA 94244-2100

License No:	Date I	_icense Expires:	Amount Due	e: <u>\$85.00</u>
Full Name:	Social Security No:			
Mailing Address: _				
0:1 01 1 7:				
Phone Number:	email address:			
LICENSE STATUS PLEASE CHECK APPROPRIATE BOX	SIGNATURE REQUIRED FOR ACTIVE STATUS I SUCCESSFULLY COMPLETED 30 HOURS OR MORE OF CONTINUING EDUCATION DURING MY LAST LICENSE PERIOD, OR I AM EXEMPT FROM THE CE REQUIREMENT HAVING PASSED THE NCLEX EXAMINATION WITHIN THE LAST 2 YEARS. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.			
ACTIVE	SIGNATURE		DATE	
☐ INACTIVE				
	IF ACT	IVE STATUS, COMPLETE	BELOW	
COMPLETION DATE	PROVIDER NO.	COURSE NAME		ONTACT HOURS
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YOU ARE REQUIRED TO MAINTAIN CONTINUING EDUCATION CERTIFICATES FOR 4 YEARS.